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CONFIRMATION NO. 6397

SERIAL NUMBER 10/665,767	FILING DATE 09/17/2003 RULE	CLASS 224	GROUP ART UNIT 3727	ATTORNEY DOCKET NO.
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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/412,724 09/23/2002 JML

**** FOREIGN APPLICATIONS *******
NONE JML

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/10/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged Just M. Stanek JML Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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 32993
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TITLE
 Stroller / wheelchair accessory

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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